

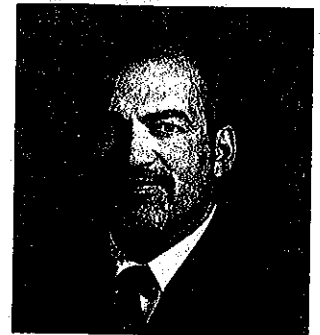
Nature and Resolution of a Model Application:



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The Collaborative Intensive Community Treatment Program

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The success of any program for youth relies on program integrity. This requires that the program is delivered as planned on a daily basis. Many factors converge on this equation. This article outlines initial development and components of a comprehensive treatment program grounded in the principles of Aggression Replacement Training.

The Collaborative Intensive Community Treatment Program (CICTP) located in Erie, Pennsylvania, is an illustrative example of the application of the principles of Aggression Replacement Training (ART). It also is an example of how the collaborative process can be beneficial in program development. The CICTP is a collaborative effort that has incorporated numerous partners to achieve the ultimate goal of residential diversion of male and female adolescents within a community setting.

Guiding Principles of Collaboration

The application and implementation of collaborative principles were helpful in the development of the collaborative continuum in Erie, Pennsylvania. The following are collaborative principles that assisted with program development:

1. **Mission and vision are the birth of any program.** The vision was to create a service that would be similar to residential care yet provide adequate supervision so youth did not need 24-hour residential surveillance. All collaborators shared the same mission and vision.
2. **Strategic leadership forms and molds successful measures.** Key strategic leaders need to be involved in the formation of this project. County representatives
3. **Customer relationships** are one of the most important factors in the project formation. All collaborators had professional relationships that were customer focused. Each trusted the integrity of the other and felt confident and comfortable that shared dialogue was open and honest.
4. **Alliance of partners creates a culture that solidifies lines of communication.** As the project developed, there was a need for frequent communication between key leaders. This created an alliance that assured program integrity.
5. **Responsibility and accountability becomes the core of the delivery of quality services.** In an effort to develop a program that would be a viable alternative to residential placement, the supervisory team focused on team accountability and responsibility. Shared supervision assisted in multiple ownership of the program. No one group or agency owned the program, but rather the collaborators were responsible for the project, which increased the opportunity for successful implementation.
6. **Comprehensiveness of service** is critical for success to produce a service that would meet the needs of referred individuals. The provision of a program that

would operate seven days a week and meet the needs of the clients was imperative.

7. **Decision making and consensus building** involves all levels of staff. We met with supervisory and program staff in regularly scheduled meetings to solicit their feedback and opinions regarding decision making.
8. **Cross-system communication and consensus building** were sustained by the partners. The inclusion of multiple partners brought together multiple systems that in and of themselves communicated on a very superficial level. The cross-system communication efforts improved communication patterns of all parties and helped develop an increased awareness of the barriers that each group experienced.
9. **Team performance of all members is interdependent.** Roles were clearly defined and each partner understood specific tasks were to be achieved. All collaborators were responsible for day-to-day program implementation and operation.
10. **Program modification is critical to ongoing operations.** The ability to continuously evaluate the program and develop modifications as necessary was key and continues to be vital to program development.
11. **Collaboration increases problem solving** through the expertise of the partners. By bringing to the table multiple partners with experience in multiple disciplines, we developed a leadership team that had well over 20 years of experience in their respective roles.
12. **Value congruence assisted the development of the project.** It was necessary for the collaborators to reach consensus regarding professional values and belief systems. We did this by agreeing to mission and vision and discussing initial program goals and objectives. It became evident that we agreed on what should be accomplished and how it should be done.
13. **Problem solving and conflict resolution should be incorporated into team operation.** Central leadership should take an active role in solving problems, but staff need to be empowered to independently resolve conflict. One method utilized is a suggestion box at each site that gives the staff the opportunity to submit suggestions and solutions to problems. A second, more formalized, method is the utilization of supervisory meetings to solicit feedback from staff. Consensus building is the preferred approach to problem solving.

Development Rationale

1. Conceptualization and Formation

The rationale for the development of the CICTP was formulated in response to the county's escalating costs associated with increased residential placements of youth. To complicate the matter, in 1996 the federal government de-

termined that counties would no longer be eligible for federal Title IV-A dollars, which had helped subsidize room and board for placements. In Erie County, this decreased amount totaled two million dollars. The Erie School District and Perseus House, Inc. administrators had experience in both residential and community-based therapeutic settings for adolescents. They believed that there was a significant percentage of adolescents who could be diverted from residential care, if similar supports were available in the community. They also felt strongly that there was a group of clients who were in placement who possibly could reintegrate into the community earlier than the anticipated discharge. Focus had to be on supervision, intervention, and the inclusion of the family in the treatment plan. This was the initial stage of collaborative conception and formation, which was dictated by both community crisis and a gap in service.

All collaborative partners met to review service delivery and the types of clients eligible for this program. The further we discussed program mission, goals, and objectives, the identified population became clear. The population that would have normally entered residential placements and had reasonable family resources was the best group to try as a pilot. Furthermore, there also would be a resource available in the community to provide early reintegration from residential facilities.

2. Collaboration Implementation

The next stage was implementation, which is the "how" of the partnership. It was vital to all partners that the program, as planned, be delivered in a consistent manner. Teams were developed with counselors, teachers, recreational therapists, and team leaders. Key collaborative administrators provided staff training regarding program delivery. The full-time case management staff, with the clinical director, developed and packaged the curriculum.

Program Philosophy

The CICTP provides intervention services for both delinquent and dependent youth. The program incorporates the philosophical framework of the Balanced Approach of Restorative Justice model developed by the United States Office of Juvenile Justice and Delinquency Prevention. The focus of the model is on developing balanced, community-based systems that utilize restorative sanctions and processes and related approaches to effect change in the juvenile justice system.

First, the CICTP emphasizes accountability through monitoring and providing opportunities for restitution to victims and through ongoing viable community service projects. Second, community protection is provided through a seven-day-per-week continuum of intermediate, community-based surveillance and sanctions. Third,

competency development is the focus of all program components. The ultimate goal is to develop clients who are capable of productive, competent behavior. Finally, balance is achieved through the program by tangible benefits gained by the community, the victim, and the offender.

Agencies Description

The School District of the City of Erie is an urban district that serves 13,000 students. The school population is one that lives in one of the highest areas of poverty per capita. The district has been innovative and creative in the development of programming for at-risk youth. The primary benefit of the district's participation in the partnership is related to fiscal concerns. When a student is court ordered to a residential facility, the home district is responsible for the cost of education. Typically those costs are more than it would incur if the student resided at home. There would be cost savings if the student could receive similar residential services and still remain in the community. Aside from the cost savings, the district has always been interested in the provision of services that may benefit their students.

The Erie County Office of Children and Youth and Juvenile Probation were key collaborators who embraced the Balanced Approach and Restorative Justice model. Peter Freivald suggests that the principle of balance in connection with restorative justice derives from the balanced approach concept, which suggests that the juvenile justice system should give equal weight to: 1) ensuring community safety, 2) holding offenders accountable to victims, and 3) providing competency development for offenders in the system so they can pursue legitimate endeavors after release (1996, p. 1). The Juvenile Probation Office is responsible for disposition of all referrals for delinquent behavior. The benefit for this office's collaborative involvement is that this is a viable alternative to residential treatment, which would help with the escalating expense of residential placement.

Perseus House, Inc., is a not-for-profit organization that provides residential and community-based programming for males and females of school age with drug and alcohol, mental health, and behavioral problems. The benefit to Perseus House, Inc., as a collaborative partner, was development of the ability to increase and improve the agency's continuum of services.

Staffing Patterns

The CICTP operates seven days a week with students who are engaged in clinical, educational, and behavioral intervention through two distinct programmatic structures. The first is the Deferred Placement option. At disposition, placement has been recommended and is deferred to the CICTP. The second option is Community Reintegration,

where the adolescent returns from placement approximately 45 days earlier than the average residential stay.

The training and program focus has been, and will continue to be, inclusion of the family in the prescribed treatment and implementation of Aggression Replacement Training (ART) (Goldstein, Glick, & Gibbs, 1998). The case managers provide non-traditional case management, which entails non-traditional hours and group facilitation of ART. They provide supervision and sanctions throughout the week.

It is important to note that key administrative staff from all collaborators participated in the development of the program. They also provided the primary supervision, which has increased investment in program success. Communication between partners occurs on a daily basis, which also improves attention to daily detail. All partners embrace a holistic approach to client intervention, as the program provides a comprehensive multimodal treatment model.

Program Objectives

Program objectives were developed in conjunction with the consensus of all collaborators. We had lengthy dialogue regarding specific short-term objectives designed to meet our long-range goals:

1. To provide an opportunity for youth to remain in the community.
2. To utilize community resources to address and reduce behavioral problems and therefore divert residential placement.
3. To provide an atmosphere through which problem solving and individualized treatment planning can be undertaken by the client, the family, and referring agency to reduce the possibility of further behavioral problems.
4. To increase the potential for successful completion of educational goals.
5. To increase involvement of the family with the client to address behavioral problems, which could lead to residential placement.
6. To provide cost-efficient intervention other than residential placement, group homes, or institutions.
7. To provide for early reintegration of youth currently in placement, reducing placement by an average of 45 days.
8. To reduce the potential for future referrals to the court and therefore reduce the rate of recidivism.

The outcome measures chosen to evaluate the decided-upon goals have had a direct impact on cost savings for residential expenses. The following are measures that we have utilized to assess program effectiveness:

1. Stabilization of growth in Erie County residential placements.
2. Shortened length of stay regarding residential days.
3. Decrease in dollars spent on residential placements.
4. Recidivism rate that is the same or lower than current residential treatment facilities utilized by Erie County.

A quasi-experimental design conducted by Perseus House (Neal, 2002) evaluated 499 youths since October 1996. Compared to pre-ART status, gained scores reflect significant increases in participant (both youth and parent) Skillstreaming skill scores and staff ratings of youth's overall psychological and social functioning (American Psychiatric Association, 1994). A subsequent follow-up study of the same group conducted one year following discharge of the program yielded an 11% recidivism rate.

Aggression Replacement Training

Program Interventions

The primary clinical focus is *Aggression Replacement Training* developed by Goldstein, Glick, and Gibbs (1986).

1. **Case Management:** The program is designed to provide a continuum of services to clients seven days per week. Monday through Friday clients may attend an alternative education program or their home school. The therapeutic component for both deferred and reintegration clients occurs Friday from 3:30 p.m. until 8:00 p.m., Saturday from 10:00 a.m. until 7:00 p.m., and Sunday from 9:00 a.m. until 3:00 p.m.

A key component of the program is Case Management Services. Case managers are responsible for tracking each client throughout the week to coordinate services. The case managers are full-time employees who primarily focus on assisting the client and family in attaining treatment goals. They ensure client participation in programs from the continuum that meet their needs. The case managers facilitate the Skillstreaming curriculum to enhance program continuity. The case managers also act as brokers and link clients with necessary community resources. They are responsible for providing ongoing coordination of all required services at home, in school, and during the weekend components of the program. They are the glue that holds the program together. The case managers monitor compliance with the alternative education program and the individualized treatment plan (i.e., house arrest status, curfew, etc.) through home visits and phone contacts. Curfew phone checks are provided randomly seven days per week.

2. **Clinical Components:** The clinical program was designed by a group of key program collaborators with the intent of replicating residential treatment services.

The behavioral component was designed by a selected group of team leaders and collaborative administrative staff. This process occurred over a period of two months and a series of eight meetings. Two teams were divided up based on staff expertise. They then developed the behavior management system for approval by the full group. The clinical component was developed, with general agreement from the planning group, with a philosophical framework of the achievement of competency development for both clients and their families.

ART was initiated as a comprehensive attempt to concertize distorted multi-channel thinking. Its major components are Skillstreaming, the behavioral component; Anger Control Training, the emotion-targeted component; and Moral Reasoning, the cognitive component. Goldstein, Glick, and Gibbs (1986) describe the first of three underlying rationales that guide ART principles, which is the importance of multimodal interventions:

...behavior change in our view may result from interventions which are explicitly targeted on overt behavior, or which seek to diminish emotional responses which inhibit use of behaviors already in the person's behavioral repertoire, or which provide information about the consequences of alternative behaviors. Behavioral, affective and cognitive interventions each in these differing ways possess potential for altering overt behaviors. Which, and how many, of these alternative intervention routes will correspond to any given youngster's channels of accessibility will obviously vary from youngster to youngster. We believe, however, that it generally will prove efficacious to take more than one route simultaneously. The source and maintainers of aggression are diverse and multi-channeled. So too must its remediation be. Skillstreaming is our behavioral intervention; Anger Control Training is affective in its substance; Moral Education is cognitive in nature. Guided by our multimodal philosophy, it is our hypothesis that these interventions yield superior to those resulting from single-channel interventions. (p. 18)

The second rationale is the development and implementation of a constructive treatment strategy that is described by Kazdin (1975):

The constructive treatment strategy refers to developing a treatment package by adding components to enhance therapy.... With the constructive approach the investigator usually begins with a basic treatment component that is relatively narrow or circumscribed in focus. Research is conducted that adds various ingredients to the basic treatment to determine what enhances treatment effects. As research continues,

effective components are retained and a large treatment package is constructed. (p. 87)

Finally, Goldstein and Stein (1976) describe the development, application, and evaluation of ART as incremental prescription building:

An incremental prescriptive strategy (is) one in which partial or tentative prescriptions are replicated, combined, and empirically examined in such a manner that one can ascertain whether the percent of outcome variance accounted for is, as predicted, progressively increasing. Klett and Moseley (1963) champion a similar incremental strategy. They propose a prescription-building process in which (a) active treatment ingredients are identified, (b) their weighing vis-à-vis outcome variance is determined, (c) ingredients are combined into new sets and combinations, and (d) the new prescriptive combinations are offered, reweighed, and so forth. (p. 19)

This multi-pronged approach fits with the intention and goals of the CICTP regarding competency development. The collaborators were also already familiar with utilizing ART throughout a variety of programs ranging with extremely positive outcomes, from intensive residential services to community-based programming.

The ART curriculum is delivered weekly to both the clients and parents. With the client, we choose the skill of the week. However, with the parent group, the curriculum is negotiated as a tool of engagement. The groups have open enrollment and are selected by clinical indication. The following is a list of the various program interventions that have been incorporated into the program:

3. **Skillstreaming:** Intervention with specific skill curriculum of prosocial behaviors, systematically implemented with small groups, utilizing:
 - a. Modeling
 - b. Role-playing
 - c. Performance feedback
 - d. Transfer training
4. **Anger Control Training:** 13-week curriculum that is designed to teach self-control of anger. Each client is trained to respond to specific "hassles" with a chain of behaviors that include:
 - a. Identifying triggers
 - b. Identifying cues
 - c. Use of reminders
 - d. Use of reducers
 - e. Use of self-evaluation

5. **Moral Reasoning:** A set of procedures designed to raise the young person's level of fairness, justice, and concern with the needs and rights of others.
6. **Psychoeducational:** Intervention designed to provide psychoeducational curriculum (i.e., HIV/AIDS, hygiene, stress, etc.) to small groups.
7. **Drug and Alcohol Education:** Intervention designed to provide drug and alcohol education to develop each client's understanding of educational themes (i.e., the disease concept, biological impact of addictive behaviors, self-esteem, etc.)
8. **Communication/Peer Feedback:** Intervention designed to develop each client's ability to effectively communicate with peers and adults. Peer feedback provides the opportunity for praise, reinstruction, and related feedback through the use of positive peer culture.
9. **Recreational Therapy/Creative Arts:** Intervention designed to teach cooperative, non-competitive assertive skills in a social environment through the development of prosocial leisure-time skills.
10. **Systematic Progressive Relaxation:** Intervention involving the understanding and development of biophysical dimensions of problems and coping strategies. It incorporates muscle relaxation training and guided imagery as a strategy for stress and anger reduction.
11. **Victim Impact Empathy Training:** Intervention designed to increase each client's ability to understand and empathize with the human consequences of crime.
12. **Life Skills Training:** Intervention designed to teach basic skills that may be applicable in daily living.
13. **Parent Training:** The primary focus of treatment is inclusion of the family in the treatment plan. Community-based settings tend to increase the opportunity for parent engagement because of physical proximity of parents to the program. We have also requested that the judiciary order parents to participate in the program. We utilize a structural family approach as we help families identify boundaries, strengths, and behavioral strategies to address their children's behavior. This approach also may help parents, in a non-threatening manner, evaluate their interactions with their sons or daughters. Parents attend weekly parent training groups that are both educational and supportive in nature. A unique feature of the parent training program is that parents also participate in Skillstreaming, and, twice monthly, they role-play relevant skills with their children in the group. We have seen success utilizing this strategy and have received feedback that, although parents were initially intimidated, they found the role-play and feedback extremely productive. The components of the Parent Training Program are as follows:

- a. Skillstreaming with parent.
- b. Skillstreaming with parent and child.
- c. Parent-to-Parent Drug and Alcohol Awareness—(The Passage Group, Inc., 1999)—Group intervention designed to train participants in the skills, attitudes, and abilities they may need to aid their children through the adolescent years without significant drug and alcohol use.
- d. The Power of Choice—(Pritchard, 1987)—Group intervention designed to help empower people to make healthy decisions in their lives.
- e. Parent Support—Group intervention designed to provide an opportunity for parents to share experiences and problems and to develop parenting strategies from open discussions and feedback.

The weekend educational program also focuses on competency development, specifically in the areas of reading, math, technology, and study skills. Psychiatric assessment is available to all clients, as well as psychological evaluation and diagnostic study.

Community Service

Clients participate in viable community service projects in an effort to develop behavior that is productive and competent, with the ultimate goal of community reparation. All projects are developed, implemented, and supervised by the Community Service Coordinator. The main goal is to develop empathy and understanding of the human consequence of victimization, utilizing community resources to develop competency, accountability, and community protection. Many of the clients are court ordered to perform community service hours. Equipment and supplies are provided through public grants and private donations. We provide project sites seven days per week. Many of the projects include United Way's Student Day of Caring, Neighborhood Watch clean ups, nursing home visits, and Earth Day.

Summary

The development of the CICTP was a process that focused primarily on relationship building. This included the development of trust with collaborators to develop solutions to community problems that broke the traditional mode of problem solving. It was necessary to think beyond the traditional methods of analysis, identification, and solution building. Partners were able to shift from typical problem-solving paradigms to a creative model that focuses on resource reallocation and customer focus.

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